

MONTANA BOARD OF PHARMACY
301 South Park Avenue, 4th Floor
P. O. Box 200513
Helena, Montana 59620-0513
(406) 841-2356 FAX (406) 841-2305
dlibsdp@mt.gov
www.pharmacy.mt.gov

APPLICATION FOR WHOLESALE DRUG DISTRIBUTOR LICENSE
APPLICATION FEE \$150.00 (Non-refundable)

INSTRUCTIONS:

1. Businesses with more than one location **in the State of Montana** must submit an application for each location.
2. Businesses with more than one location **out-of-state** may obtain licensure for only the primary location. However, a Dangerous Drug Distribution license is required for each location distributing or manufacturing controlled substances.
3. Complete the following application.
4. **Include a schematic (floor plan) of office, wholesale area and storage areas.**
5. **Include a description of the security system and security measures in place.**
6. Make check or money order payable to the Montana Board of Pharmacy.

Review the Statutes and Administrative Rules of Montana on the internet at www.pharmacy.mt.gov

☐ New Application ☐ Revision to Current License # _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax: _____ Tax I.D. #: _____

Person in Charge/Title _____

Address: _____

City: _____ State: _____ Zip Code _____

Telephone Number: _____ Fax: _____

1. List all trade or business names used by same corporation or licensee.

2. Please check the type of ownership or operation.

☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Other _____

3. Is this business registered as a VAWDS pharmacy with the NABP: ☐ Yes ☐ No

4. If yes, please note the name under which the VAWDS registration is listed.

5. List the name and social security number of each owner and/or operator of the licensee.

6. List the subsidiaries, related organizations, entities, or other facilities operating under this license.

7. Check the types of drugs distributed.

☐ Controlled Substances ☐ Non-Controlled prescription Drugs ☐ Over-the-Counter drugs

(If your business intends to distribute/manufacture controlled substances, it will be necessary for you to complete the application supplement on page 3)

8. Do any of the applicant(s) and/or managers-in-charge have criminal charges pending, or have they ever pled guilty or been convicted of a crime (including a plea of no contest or deferred prosecution) relating to, or committed during the course of their professional practice, involving violence, use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending? You may omit: (1) traffic violations, for which you paid a fine of \$100.00 or less and (2) charges or convictions prior to your 16th birthday. If yes, attach a detailed explanation

9. Have any applications for licensure been denied by a federal or state agency? If yes, please explain.

10. Does the facility have policies and procedures in place to meet the requirements of 37.7.604(4)?

☐ Yes ☐ No

11. Will you comply with the Statutes and Rules of the Montana Board of Pharmacy, specifically RCM 37.7.604 and ARM 24.174.1201?

☐ Yes ☐ No

I hereby declare under penalty of perjury the information included in this application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of the application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I agree to abide by federal and state law and to comply with the rules adopted by the Board. I accept the rules and procedures outlined in these documents as the basis for my application.

(Legal Signature of Applicant)

(Date)

Subscribed and sworn to by me this _____ day of _____, _____

at _____
(City /State)

SEAL

Notary Public

For the State of

Commission expires: _____

*The average time for the office to process a correctly completed application is 5 days.

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APPLICATION FOR REGISTRATION UNDER
1973 AMENDMENTS TO THE MONTANA DANGEROUS DRUG ACT

INSTRUCTIONS:

12. Businesses with more than one location must submit application for each location.
13. Make check or money order payable to the Montana Board of Pharmacy. All application fees are non-refundable.
14. Review the Statutes and Administrative Rules of Montana on the internet at www.pharmacy.mt.gov

APPLICATION (Check One Only):

- ☐ Distribute/Manufacture - Fee \$100.00
☐ Dispense – Fee \$35.00
☐ Conduct Research - Fee \$50.00
☐ Analyze - Fee \$50.00

Name: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

DEA Registration Number: _____ Federal Tax I.D. Number: _____

If applying to dispense, please enter the Montana License Number for the pharmacy. _____

Signature _____ Date _____
(Signature of applicant or authorized individual)

Title _____
(if applicant is a corporation, institution or other entity)